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A Dissertation on Dysentery

By

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of North Carolina.

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Dysentery-

The term Dysentery, designates a disease attended with the following Symptoms. It usually commences, with a chill, succeeded by heat on the surface, of the body, and accompanied, with considerable disorder of the Stomach, and Bowels, as nausea, vomiting, and flatulence. The patient soon feels very painful, and severe griping, and voids frequently by stool, a slimy mucus, commonly streaked with blood. This appearance of the alvine evacuation, is supposed to afford, a tolerably certain indication, relative to the seat, of the disease. When there are, only streaks of blood, in the mucus, the lower part, of the intestinal canal is most affected: but when the blood is com-mingled, with the faeces, it is considered an evidence, that the disease is seated higher, in the canal. — The discharge goes on

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for some time, previous to the appearance of natural faeces. When these do appear they are under the form of small, compact, hard, substances denominated Scybala, which being evacuated the patient experiences some respite from pain.

Together with the appearances already mentioned, there are often discoverable in the evacuations, substances resembling pieces of cheese. The stools have a peculiarly fœtid odour, which towards the close of the disease becomes intolerably offensive.

These symptoms are generaly followed by a distressing Tenesmus, or a frequent desire to go to stool with an inability to discharge any thing. This was once supposed to be caused exclusively, by ulceration, in the rectum; but it is certain that irritation of any kind in the rectum will produce it, and moreover the ulceration is accidentae, and not at all essentiae to the disease

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- Strangury, is sometimes, a symptom of Dysentery it is caused probably, by the neck of the Bladder participating in the inflammation, affecting the intestines.

These are the usual symptoms, attendant, on Dysentery; but if its progress is not interrupted these symptoms become more aggravated, and it assumes others of a more dangerous aspect, as cold extremities, tension of the abdomen Petechiae, great prostration of strength, with a small, and feeble pulse – The discharge from the rectum is at this stage, much altered in appearance, resembling now the washings of flesh – these symptoms may be considered precursors, of approaching dissolution, and demand the most prompt, and persevering attention, of the Physician, to check their progress.

There is sometimes, little or no discharge in this disease. This is ascribed to the inflammation being so great as to transcend the point, of

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secretory action. This accords with the opinion, of Mr. Ramsden, as regards the manner in which a radical cure, is effected in Hydrocele, without an obliteration of the Sac. We also sometimes see it the case in Gonorrhea.

When the disease, is to terminate fatally, there is often, previous to death, a total exemption from pain, & suffering.

The Dysentery, usualy occurs, at the same seasons of the year, and in those situations, in which Intermittent, and Remittent fevers are most prevalent. From this circumstance, and from its occasionally assuming, the epidemic character we may with great propriety, attribute its principal cause, to Marsh Miasmata. In the low marshy situations of the South, I have often seen symp-toms, characteristick of the existence, of Dysentery and Bilious fever, present at the same time.

But in enumerating the causes of Dysentery, we should not entirely overlook the sensible

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qualities, of the atmosphere, for vicissitudes of weather, as sudden transitions from heat, to cold, will unquestionably produce the disease.
The Dysentery is incidentae to armies. This is what a priori, we should be led to suppose: as Soldiers are subject, to the twofold cause of marsh miasma, and sudden alternations from heat to cold. Their systems are rendered combustible by the miasmata and explode into disease by an exposure to cold.
The Dysentery, was long considered contagious, and even at the present day this opinion, is not entirely rejected. The Alvine evacuations, and the urine, have been shunned, as sources of contagion, and are thought of themselves capable of propagating the disease. To this opinion we cannot yield our assent, as it is incompatibe, both with the results of experience and, sound Pathology. In the first place we know that the utmost attention to cleanliness, and ventilation will not exempt others from taking the disease, and, Secondly, were we to allow so many different origins

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to the disease, it should be as diversified as the causes from which it proceeds. There is only one circumstance relative to this disease which can ever render it con-tagious, It is, when it assumes the Typhus character This circumstance, co-operating with a neglect of ventilation, may render it contagious; but in no other respect, do we believe it ever to be so. In this case too it forms a combination, rather than a distinct, type of disease.

As regards the seat, of the Dysentery, the appearances on dissection, unequivocally prove, that its force is ultimately, expended on the large intestines. These are generally found putrid, or thickened, ulcerated on the inside, and exhibiting all the marks, of previous inflammation - But let us trace the progress of the disease, from its commencement and we shall be led I think, with much plausibility, to attribute the effects, to a derangement in the digestive apparatus. The nausea, vomiting, & excessive irritability, of the stomach, which almost invariably

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precede, any affection of the Bowels, corroborates the opinion, that the Stomach is the primary seat, of Dysentery, and, that the disease descends progressively, from the Stomach, through the intestinal canal.

The Hepatic System, participates extensively, in the ravages of this disease. The wasted, & deranged appearance of the Liver, far beyond what could be expected from general, constitutional exhaustion gives countenance, to this opinion. On this account, it has been alledged, that the liver, is the primary seat, of Dysentery. But with equal plausibility we might attribute the effects of the disease, to a derangement, of any other of the abdominal viscera, as the Spleen, Pancreas, and even the Kidneys, are sometimes found in a very disordered condition

— Treatment. After having given the above exposition, of the nature, and causes of Dysentery, the plan of treatment, becomes obvious. It is necessary, generally speaking, to

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commence the treatment, with venesection. Bleeding not only relieves the existing symptoms; but it also awakens the susceptibility, of the system, and renders it, more amenable to the action of other remedies. There is a caution, however necessary in the use of blood-letting, as it is not every constitution that will bear it, to any extent nor is it admissible in every condition, and stage, of the disease. The pulse, together with the usual signs, which call for the use of the Lancet, must be strictly attended to. Whenever there is a full pulse, hot skin, violent spasmodic pains of the abdomen, &c: bleeding becomes indispensably necessary. It is needless to give any ~~[illegible]~~ rules as to the quantity to be taken, as the practitioner will always be regulated, by the circumstances of the case, in the quantity to be detracted at each bleeding, and also in the repetition of it. When however the above symptoms occur, venesection should never be omitted; for as I have already

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observed it not only mitigates the severity of the disease for the present, but has a considerable effect, on its subsequent progress.—

The gastric uneasiness, by which the Dysentery is usually ushered in, seems to justify the exhibition of Emetics, in its early stages. This practice, was I believe first taught by the great Sydenham, whose example, has since been pretty generally followed.

In most of the cases of Dysentery, which have come under my observation, in a tract of country where bilious diseases abound, Emetics have been found eminently serviceable. They relieve the Stomach of the load of offensive matter so distressing, and are likewise instrumental in producing that determination, to the surface, which is so great a desideratum, in the management of Dysentery. My intention is not however to recommend emetics in every case of Dysentery, on the contrary I am convinced

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that in many cases, they are totally inadmissible or at least ineffectual. In the southern district of our country, the gastric nature of the disease is strongly portrayed, and of course emetics, are imperiously demanded. —

In the management of this disease, it is of the utmost consequence, that the peculiarly morbid inflammation of the stomach be constantly kept in view, and that the acrid irritating discharge which accompanies it, has a tendency to prolong, and aggravate, this inflammation. We cannot therefore, expect to give relief unless its exit is facilitated. For this purpose cathartics are necessarily called into requisition. It seems now to be an established rule, that the purging should be continued until, the discharge becomes natural, or nearly so. Nothing, not even opium itself, relieves the griping so effectually as a judicious use of purging — Those purges should be selected, which

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act, principally by increasing the peristaltic motion of the intestines, as we do not require a greater secretion, but only the evacuation of that, already contained in the Bowels — The Castor Oil has been very strongly recommended — When the disease is not marked by any degree of malignancy, this medicine may answer the purpose, but it is only in such cases, that it should be trusted to exclusively.

Calomel, is unquestionably superior in efficacy to every other purgative, in fulfilling the indication for which Cathartics, are exhibited in Dysentery. It is less irritating to an inflamed surface than any lethartic, with which I am acquainted, and on this account is particularly applicable, to the disease under consideration. Its superiority is also indisputable, in those cases, where there are evidences of a deranged state of the hepatic System — The Calomel may either be given alone or in combination with Rhubarb; at the

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same time facilitating its operation if necessary by mild Enemata.—
When the irritating contents, of the alimentary canal, have been in this manner evacuated, the castor oil may be used with considerably more advantage, than in the onset of the disease. The purging is now to be continued with the castor oil, Epsom Salts, or some mild laxatives, until the discharge becomes natural.
When we have progressed thus far in the treatment of the disease, Diaphoretics may be safely resorted to. They are highly instrumental in arresting, and putting a final stop to the ravages of the disease — But if administered at any period prior to this or before the necessary evacuations have been made, so far from relieving, they have rather a contrary tendency.
The Diaphoretic, which has been found most beneficial, is a combination of Opium, Calomel and Ipecac. in the following proportions — —

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opium 111 grs. Calomel XVI, Ipecac. VIII. This is to be made into eight, or ten, powders, one to be taken every second or third hour. The advantages of this preparation are; that it composes the irritability of the intestines, gently opens the bowels, and relaxes the surface of the body. It is not however a very active Diaphoretic, and on this account when a more copious, and greater Diaphoresis is demanded must give place, to the Dover's powders, or one of a more powerful nature.

The Ipecacuanha, and Tartarized Antimony, are used in combination as a Diaphoretic with much advantage; in the proportion of two grains of the former, to 1/4, or 1/2 grain, of the latter, every second or third hour.

Fomentations to the abdomen should not be overlooked. The warm Bath, also when it is practicable to use it, should never be neglected. It promotes the Diaphoresis, and is extremely soothing and pleasant, to the patient. It is at this

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stage of the disease, the foregoing remedies having been premised, that Blisters have been found of such invariable utility. Indeed they cannot be too strenuously recommended. To obtain the greatest benefit from them, they should be applied as near as possible, to the seat of the disease, viz- over the abdomen. They may also be applied with advantage to the wrists, feet and legs.-

I am aware, that the relief afforded by vesicating applications, in the diseases of the stomach & bowels is often transient, and few patients are willing to submit to their repeated application. This objection to them, may however be in some measure obviated, by placing them over a larger extent of surface I am confident that a more beneficial and durable impression, may be made by exciting even a gentle action over a large surface, than by the most intensely irritating application to a small one. I should therefore recommend the blister to be made sufficiently large to cover nearly the whole abdomen. With the same view

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the external application, of the Tinct. of Cantharides or the Spts. of Turpentine, to the surface of the abdomen has been found of almost incredible benefit.

No remedy has been more extolled in the treatment of Dysentery, particularly by the East, & West, India practitioners, than the use of Mercury, urged to a salivation. Notwithstanding however, the authority in its favour I am disposed to believe that the indiscriminate use of this medicine in Dysentery, will inevitably add to its mortality. In no stage in fact of inflammatory Dysentery is a salivation necessary.- In the commencement, when the inflammation runs high, it will certainly increase it; and when this is subdued it is by no means necessary, as the cure can be completed easily without its use. In the chronic form of the disease, however where we have reason to believe the Liver affected, the same objection to the use of Mercury, does not obtain. In this case a Ptyalism excited before the organic mischief is irreparable, affords a very successful plan of treatment. It is in

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this form of the disease also, in which the flannel roller, is used with such benefit. In Typhus Dysentery an early salivation is to be recommeded. ~

I shall here conclude the general treatment of acute inflammatory Dysentery. There are however some local affections, very distressing to the patient, which imperiously demand the attention of the Physician: I allude to the Tenesmus and Tenesmus. To relieve these; numerous remedies have been recommended, one of the best of which, is the Oleaginous mixture. As yet I have not noticed the Ipecacuanha, a medicine so highly, and deservedly, extolled in the management of Dysentery. I am inclined to believe, that it is to the relief of the local affections now under consideration, that the medicine is more particularly adapted It is also well suited to cases, in which large quantities of blood, are voided with the fæces.
The Ipecac. may be used either alone, or in combination with opium. The latter mode is preferable.
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to, with considerable advantage. The best mode of administering it, is in the form of a suppository.- A decoction of rice, with Laudanum, is an excellent injection in Tenesmus. Nothing however affords so much relief in these cases, as an injection of about 1/2 pint of fresh melted Butter. It is far more grateful, and less irritating, than any other injection used for the purpose. It may be repeated every third or fourth hour, or as often as occasion may require.—

It is with extreme diffidence, that I submit this imperfect sketch of the nature, and treatment, of Dysentery, to the examination of the Gentlemen, of the Medical Faculty. I am sure however, they will make every necessary allowance for its defects, when they are informed that it is the production of a mind, not matured by age, or tutored by experience; and that no exertion has been spared, to meet their approbation —